

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10-20-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 95935-50 and 99244.

### II. FINDINGS

1. The requestor billed \$604.00 for the disputed services.
2. The respondent paid \$0.00 based upon "N – Not appropriately documented."
3. Total amount in dispute per TWCC-60 is \$196.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-20-02	99242	\$90.00	\$0.00	N	\$90.00	Evaluation & Management GR (IX)	Per Evaluation & Management GR, a consultation may be requested by TWCC and the diagnostic services shall be done with approval from treating doctor. The records submitted did not contain a referral/approval from treating doctor; therefore, no reimbursement is recommended.
12-20-02	95935-50 (X2)	\$400.00	\$0.00	N	\$53.00 / study per extremity	Medicine GR (IV)	H and F wave studies were performed on both lower extremities. Per MFG, Medicine GR (IV)(B)(2)(d), "H" studies on lower extremities may be billed bilaterally when performed. Therefore, the appropriate reimbursement is \$106.00.
TOTAL							The requestor is entitled to reimbursement of \$106.00.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 95935 in the amount of **\$106.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$106.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 6<sup>th</sup> day of August 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division